

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09783264		FILING DATE 02-15-01		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		
2		1					52		2		
3		1					53		2		
4		1					54		2		
5		1					55		2		
6		1					56		2		
7		1					57		2		
8		1					58		2		
9		1					59		2		
10		1					60	1			
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		10					73				
24		10					74				
25		10					75				
26		10					76				
27		10					77				
28		10					78				
29		10					79				
30		10					80				
31		10					81				
32		10					82				
33		1					83				
34		1					84				
35		2					85				
36		2					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		4					95				
46		7					96				
47		4					97				
48		7					98				
49		1					99				
50		1					100				
TOTAL IND.							TOTAL IND.	2			
TOTAL DEP.							TOTAL DEP.	176			
TOTAL CLAIMS							TOTAL CLAIMS	178			